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LINES

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Paradox - [form] - app.exeScenario.tst[Data Entry]

Presentation		Stroke Scenario: 1	
A 55 yo man awakens with numbness and weakness on the R side. He has never had this symptom before. He had gone to bed 6 hours earlier. Spouse calls 911. Pt arrives in ED 20 minutes later.			
Initial Evaluation		Med Hx: negative. Habits: smokes 1ppd; moderate alcohol. Meds: none. Exam: BP is 172/100. Moderate R sided weakness and sensory decrease. Mild expressive dysphasia. NIHSS = 8. Dx Studies: Lab: wnl for CBC, PT, PTT, glucose. CT of brain: negative. EKG: LVH. Initial Awareness of Sx to Now: = 90 minutes.	

Info Key: ☐ All New ☒ All Old ☐ Old and New

Enter	Next
Please Answer:	
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Print	Exit
Reset	Save

Would you give Intravenous t-PA?

**Looks up answer
in the table:
Scenario.db**

Saves to the table:
StoredAnswers.db

Looks up answer
in the table:
Scenario.db

Figure 1

Paradox - [Form : app:eScenario.Is] [Data Entry]

File Edit Database System Help

Stroke Scenario: 4

Presentation

On general physical examination, a 66 year old man was noted to have 5 mm of anisocoria with the small 3 mm pupil on the left. The right pupil did not react to light. There is no ptosis. Ocular motility was full. The pupillary inequality was noted by the patient for one week. The eye examination and general neurological examination were normal. The patient had no history of previous surgery or serious

Initial Evaluation

One drop of 1% pilocarpine was placed in each eye. Thirty minutes later the right pupil was 8 mm and the left was 2 mm.

Info Key: ☐ All New ☒ All Old ☐ Old and New

Print

Next

Please Answer:

☒ Yes ☐ No

Back

Save

Complete

Does the patient have a right third nerve palsy?

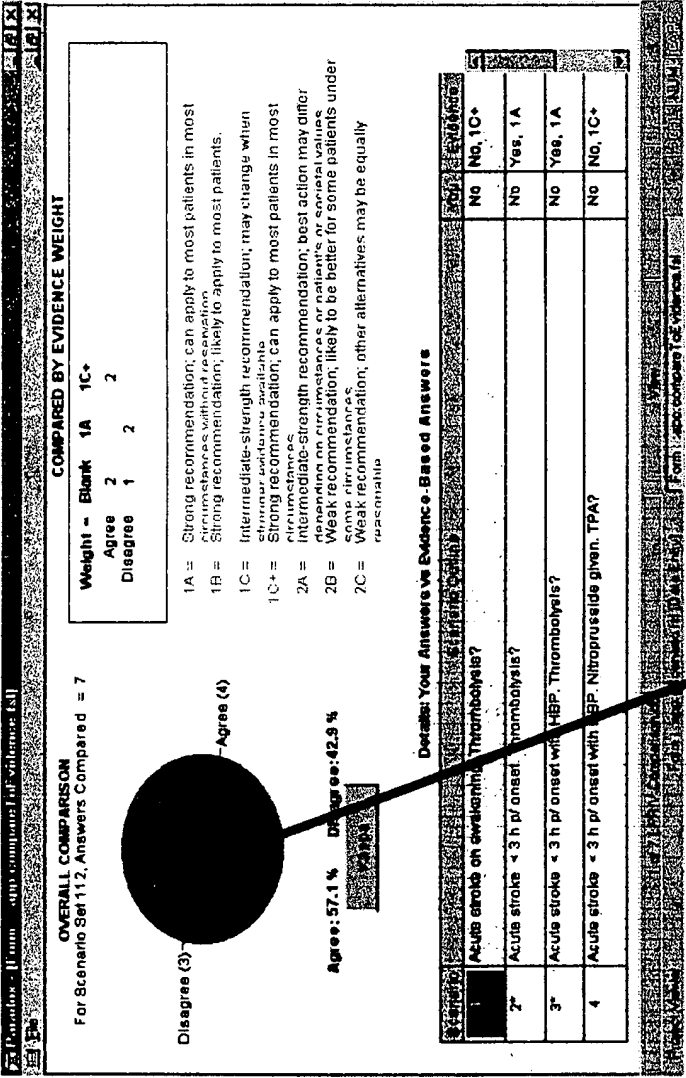
Form: app:eScenario.Is [Data Entry]

File Edit Database System Help

Compares answers in the tables:
Scenario.db and StoredAnswers.db

Figure 2

EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
ATTORNEY DOCKET NO. 50084.0001 EXPRESS MAIL LABEL: ER739322805US



Calculates kappa, based on answers in the tables:
Scenario.db and StoredAnswers.db

Figure 3

Calculation of Kappa Score

$$\text{Kappa} = (\text{P}_{\text{observed}} - \text{P}_{\text{expected}}) / (1 - \text{P}_{\text{expected}})$$

Opinion1

	Yes	No
Yes	YY	NY
No	YN	NN

Opinion2

```

TotalTally = YY+NN+YN+NY
TotY2 = YY+NY
TotN2 = YN+NN
TotY2% = TotY2/TotalTally
TotN2% = TotN2/TotalTally
TotY1 = YY+YN
TotN1 = NY+NN
TotY1% = TotY1/TotalTally
TotN1% = TotN1/TotalTally
ExpectedChanceAgreement = (TotY2%*TotY1%)+(TotN2%*TotN1%)
if ExpectedChanceAgreement = 1 then
  Cannot calculate Kappa. Expected chance agreement = 100%
endif
kappaScore = (((YY+NN)/TotalTally)-ExpectedChanceAgreement)/(1-ExpectedChanceAgreement)
  
```

Figure 4

*eScenario presents the user with a clinical situation
The white page is separated by a horizontal line. The
scenario is presented above the line.*

Questions requiring Yes-No answers appear below the line.

☐ Yes ☐ No

Would you do X ?

Figure 5

Presentation

This is information about the clinical presentation.

Initial
Evaluation

Information about the initial evaluation: exam, lab, imaging, etc.

Course

Information about the subsequent clinical course

☐ Yes ☒ No

Would you do X ?

Figure 6

Presentation

This is information about the clinical presentation.

Initial
Evaluation

Information about the initial evaluation: exam, lab, imaging, etc.

Course

Information about the subsequent clinical course

☐ Yes

☒ No

Would you do X ?

Figure 7

EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
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Presentation

Initial
Evaluation

Course

Yes No

Scenario - Evidence
Scenario: 4

Scenario Summary: Acute stroke < 3 hr onset with HEP. Nitroglycerine given. TPA?

Evidence-supported decision: No

Evidence weight: 1C+

Strong recommendation; can apply to most patients in most circumstances

Reference: Adams et al. *Orthomolecular and Pharmacologic Therapy for Ischemic Stroke*. Chest 2003; 123: 4 (suppl 3): 600.
Comment: TPA is to be considered only if "non aggressive" BP treatment is adequate to lower BP < 190/110. Intravenous nitroglycerine is considered "aggressive." Nitroglycerine would be ok however. This recommendation comes from the KIMOS TPA study. It is derived from expert opinion and some empirical data, but not from a randomized controlled trial.

g, etc.

Clicking the Evidence button opens a window to view the evidence-based answer, including the strength of the evidence, the Practice Guideline reference, and a comment.

Figure 8

EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
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Presentation

Initial
Evaluation

Course

Yes No

Scenario Summary - Evidence

Scenario Summary: Acute stroke, 31-year-old male with

Evidence-supported decision: No

Evidence weight: 1C+

Strong recommendation; can apply to most pa

Reference: *Stroke*, 34(1):100-106, 2003. *Thrombolytic and Tissue Plasminogen Activator (tPA) for acute ischemic stroke*. The first three hours of onset. The use of thrombolytic agents increases the risk of hemorrhagic complications that can be severe or fatal. An accompanying editorial, *Stroke*, 34(1):107-108, 2003, discusses the evidence in support of the use of tPA. The American Academy of Neurology (AAN) has issued a statement with this and other recommendations. The statement is available at www.aan.com.

Special Article

Practice Advisory:
Thrombolytic therapy for acute ischemic stroke—
Summary Statement

Report of the Quality Standards Subcommittee of the American Academy of Neurology

Neurology 52:100-106, 2000



An article was published in the New England Journal of Medicine in November 1990, describing a study that found that a 3-hour window of time existed for the use of tissue plasminogen activator (tPA) for acute ischemic stroke. The first three hours of onset. The use of thrombolytic agents increases the risk of hemorrhagic complications that can be severe or fatal. An accompanying editorial, *Stroke*, 34(1):107-108, 2003, discusses the evidence in support of the use of tPA. The American Academy of Neurology (AAN) has issued a statement with this and other recommendations. The statement is available at www.aan.com.

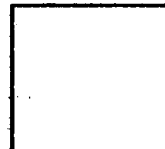


Figure 9

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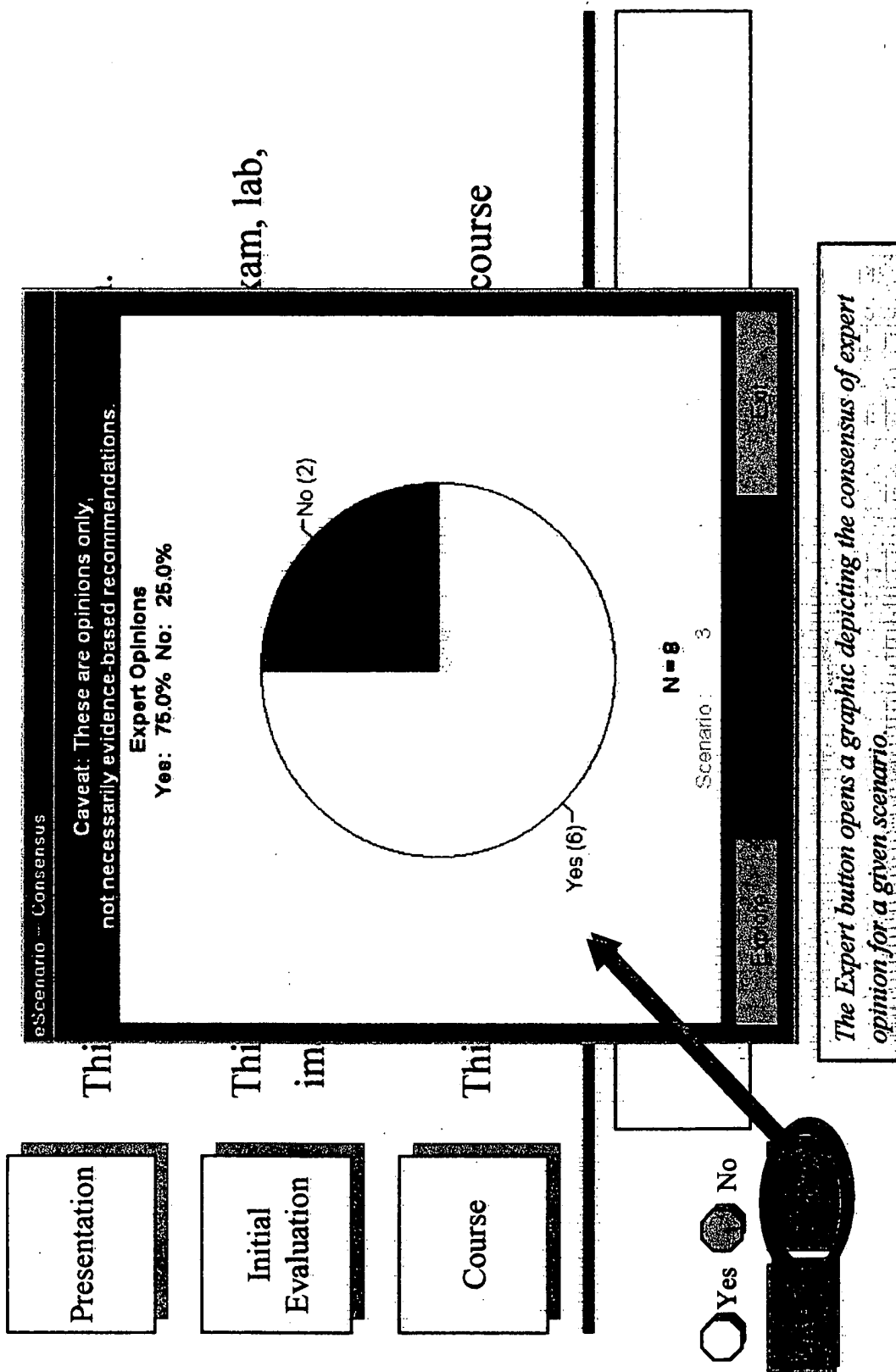


Figure 10

Presentation

This is information about the clinical presentation.

Initial
Evaluation

This is information about the initial evaluation: exam, lab,
imaging, etc.

Course

This is information about the subsequent clinical course

☐ ☐

☐ Yes ☒ No

☐ ☐

Would you do X ?

Figure 11

EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
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Presentation

Initial
Evaluation

Course

This

This
imag

This

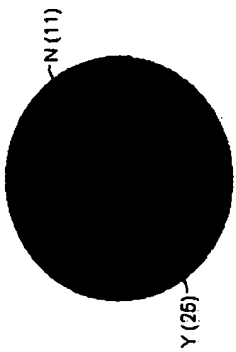
Yes No

Yes No

Yes No

Yes No

AGREEMENT WITH EXPERTS
Scenario Set 88, Answers Compared = 36



Agree = 69.4 % Disagree = 30.6 %

Details: Your Answers vs Expert Answers

Scenario	Scenario Question	Your Answer	Expert Answer	Agree %
1	Acute stroke - awakening. Thrombolysis?	Yes	No	00.0 %
2	Acute stroke - < 3 h p/ onset. Thrombolysis?	Yes	Yes	100.0 %
3	Acute stroke - < 3 h p/ onset with HBP. Thrombolysis?	Yes	Yes	75.0 %
5	Patient just out of time window. Thrombolysis?	No	No	12.5 %

Figure 12

Presentation

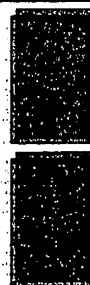
This is information about the clinical presentation.

Initial
Evaluation

This is information about the Initial evaluation: exam, lab,
imaging, etc.

Course

This is information about the subsequent clinical course

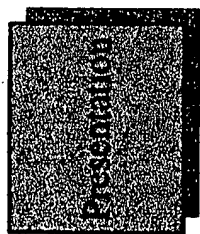


☐ Yes ☒ No



Would you do X ?

Figure 13



This is information about the clinical presentation.



New, new, new...



This is partly new information about the subsequent clinical course



☐ Yes ☐ No



Would you do X ?

Figure 14

Print

Close

Exit

EVIDENCE-BASED VIRTUAL INSTRUCTION AND EVALUATION SYSTEM
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By Category

By Scenario Number

By Thumbnail Sketch

Author this Scenario

Expert Consensus Panel

About e-Scenario

Tutorial

ReadMe File

View Comparison Button

View All Scenarios

New, new, new...

Initial Evaluation

Course

This is partly new information about the subsequent clinical course

Would you do X ?

Yes

No

Figure 15